



Northampton Senior Services & Senior Center

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www.northamptonma.gov/713/Council-on-Aging

Benefits Counseling Volunteer Application

Today's Date: _____ How did you hear about Benefits Counseling? _____

Name: _____
first middle last

Address: _____
street town/city zip

Date of Birth: _____

Email: _____

Phone: Home (____) ____ - ____

Work (____) ____ - ____

Mobile (____) ____ - ____

Please * which are the best contact method(s)

Attach Resume/Curriculum Vitae and please also give us a brief description of hobbies, other volunteer work, service clubs and additional activities. What languages do you speak? Also, please explain any special accommodations you would require at work.

Computer: please describe your computer skills if not listed on resume.

Are you willing to make home visits? _____

Please indicate the times and days you are available to work:

	From	To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Is there a location in which you prefer to work? Are you willing to travel to neighboring towns?

Please check the type(s) of programs you may have heard of/are familiar with:

SNAP (Formerly Food Stamps)	_____	Lifeline/Link-Up	_____
Circuit Breaker Tax Credit	_____	Property Tax Exemption	_____
Fuel Assistance	_____	Veteran's Benefits	_____
Farmers Market Coupons	_____	Salvation Army	_____
MassHealth/Medicaid	_____	MassSave Program	_____
Utility Discounts	_____	Home Repair/Modification	_____
SSI/MA SSP	_____	Legal Services	_____
Gift Shop	_____	Mass Save Audits	_____

Work Reference

Name: _____ Relationship _____

Address: _____ Phone: (____) ____ - _____

Non-family Reference

Name: _____ Relationship _____

Address: _____ Phone: (____) ____ - _____

In case of **emergency**, please contact: _____

Relationship: _____ Best Phone: (____) ____ - _____

The information I have provided above is accurate. I understand submitting an application does not guarantee job placement. CORI checks are performed as required by Massachusetts law.

_____	_____
Your Signature	Date